



Patent  
Attorney's Docket No. 007413-060

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of	)	
	)	
Wilfried CLAUSS	)	Group Art Unit: Unassigned
	)	
Application No.: 10/631,900	)	Examiner: Unassigned
	)	
Filed: August 1, 2003	)	Confirmation No.: Unassigned
	)	
For: PARTICLE-OPTICAL APPARATUS	)	
AND METHOD FOR OPERATING THE	)	
SAME	)	

**SUBMISSION OF SUPPLEMENTAL APPLICATION DATA SHEET**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

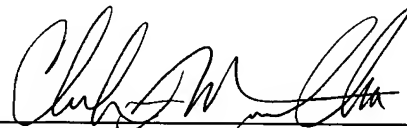
Upon review, a typographical error in the Assignee name has been noted. Applicants submit a Supplemental Application Data Sheet for correction thereof. Additionally, that Applicant would prefer Figure 2 to appear on the face of the published Application and, accordingly, the Supplemental Application Data Sheet also reflects this desire.

Updating of the records at the U.S. Patent and Trademark Office in accordance with the Supplemental Application Data Sheet is respectfully requested.

Respectfully submitted,  
BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: September 22, 2003

By: \_\_\_\_\_

  
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(05/03)



## APPLICATION DATA SHEET

### Application Information

Application Number:: 10/631,900  
Filing Date:: August 1, 2003  
Application Type::  
Subject Matter::  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?::  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of Copies of CRF::  
Title::  
Attorney Docket Number::  
Request for Early Publication?::  
Request for Non-Publication?::  
Suggested Drawing Figure:: 2  
Total Drawing Sheets::  
Small Entity?::  
Latin Name::  
Variety Denomination Name::  
Petition Included?::  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?::

## **Applicant Information**

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::

## **Correspondence Information**

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## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>


### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee Name:: LEO Elektronenmikroskopie GmbH

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing  
Address::